

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 504511

1. Corporation Name

MIGUEL A. GONZALEZ, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

401 SE 16TH ST  
FT LAUDERDALE FL 33316

401 SE 16TH ST  
FT LAUDERDALE FL 33316

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1976

5. FEI Number

59-1674478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GONZALEZ MIGUEL A	401 SE 16TH ST	FT. LAUDERDALE, FL00000

000004705600--7  
-12/05/01--01028--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, MIGUEL A.  
401 SE 16 ST  
FT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Miguel A. Gonzalez M.D.

10/20/01

Date

(954) 523 8108

Daytime Phone #

202

MIGUEL A. GONZALEZ M. D.  
Diplomate American Board Obstetrics & Gynecology  
401 S.E. 16 ST  
Fort Lauderdale, Florida 33316  
Phone: 954/523 8108 Fax 954/525 9828

October 10, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or-Madam:

Please be advised that we just received your notice of administrative dissolution or revocation of the corporate annual report for the year 2001. This is the first notification of the annual report filing.

We had not received the prior notice of filing the annual report. If we had received the form, we certainly would have signed the form and paid the annual fee.

It is respectfully requested that you abate the penalties charged since we had not received any prior notice for this filing. I am enclosing a check in the amount of \$150.00 for the annual fee.

Thank you in advance for your kind consideration in this matter.

Sincerely,



Miguel A. Gonzalez, MD